Maine Weekly Influenza Surveillance Report

Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

March 20, 2018

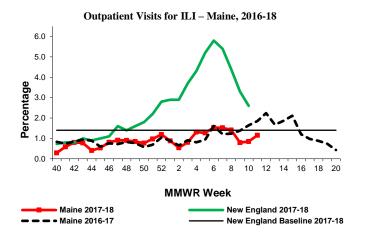
For MMWR week 11 (ending 3/17/2018)

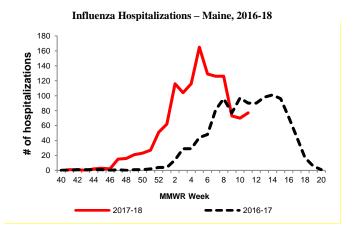
New This Week

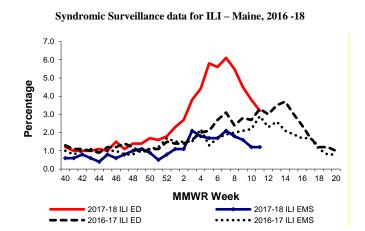
- Federal Flu Code: Widespread
- 77 new hospitalizations
- 5 new outbreaks

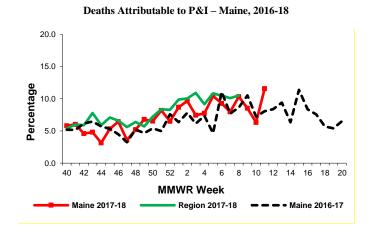
Surveillance Information - Maine, 2017-2018 Influenza Season

- Number of ILINet Providers reporting: 17
 - o % of visits for Influenza-Like Illness (ILI): 1.15
- Syndromic Surveillance
 - o % of Emergency Room visits for ILI: 3.2
 - o % of Emergency Medical Services (EMS) runs for ILI: 1.2
- Influenza Hospitalizations
 - o # of hospitalizations: 77
- Electronic Death Reporting System
 - o % of deaths due to P&I: 11.6









Lab Data – Maine, 2017-2018 Influenza Season

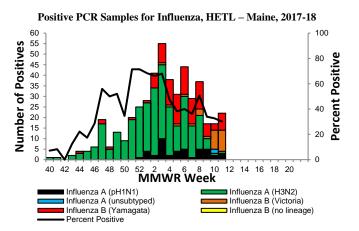
of samples tested at HETL: 73

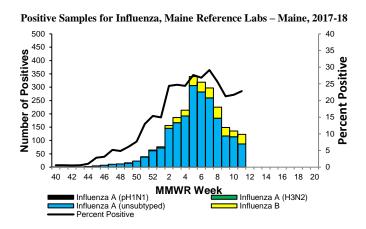
positive: 22 % positive: 30.1

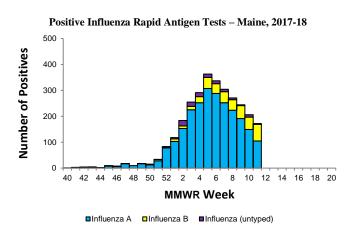
of samples tested at Maine Reference Labs: 539

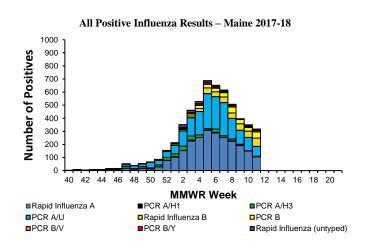
positive: 123 % positive: 22.8

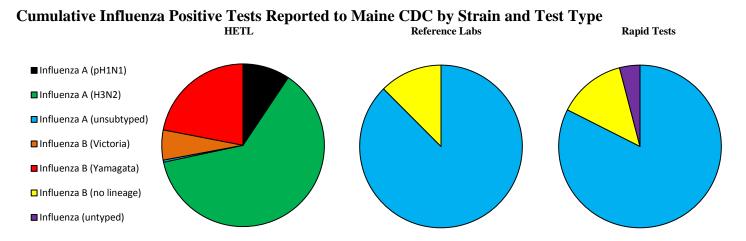
of samples positive by rapid antigen test: 172









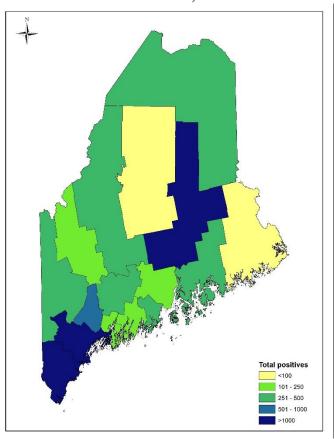


Geographic Distribution of Lab Tests, Maine 2017-18*

2017-10											
	Positiv	e labs	Hospitalizations								
County	Tested this week	Total	New this week	Total							
Androscoggin	27	555	6	77							
Aroostook	78	434	3	16							
Cumberland	51	1031	15	251							
Franklin	4	204	0	11							
Hancock	13	270	4	46							
Kennebec	22	395	3	49							
Knox	9	268	6	128							
Lincoln	4	207	2	84							
Oxford	14	313	8	95							
Penobscot	60	1069	6	145							
Piscataquis	2	44	0	3							
Sagadahoc	7	110	0	33							
Somerset	8	305	0	40							
Waldo	9	221	3	90							
Washington	5	65	2	17							
York	67	1482	19	241							
Total	380	6973	77	1326							

^{*}Only reported PCR, culture, and rapid antigen tests are included in the chart and map.

Positive Influenza Tests, Maine 2017-18



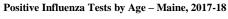
Antiviral Resistance - Maine, 2017-18 Influenza Season

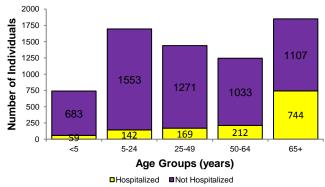
- # of Influenza A (pH1N1) samples tested for Tamiflu resistance at HETL: 17
 - o # with resistance: 0
- # of Influenza A (H3) samples tested for Tamiflu resistance at HETL: 166
 - o # with resistance: 0

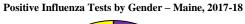
Age and Gender Information - Maine, 2017-18 Influenza Season

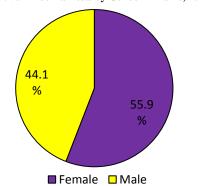
- Minimum Age: 5 daysMean Age: 42 years
- Maximum Age: 103 years

- Hospitalized Minimum Age: 5 daysHospitalized Mean Age: 60 years
- Hospitalized Maximum Age: 103 years









Antigenic Characterization (Vaccine Strain Match)

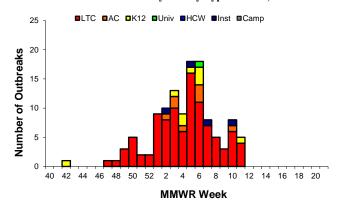
- Federal CDC has antigenically or genetically characterized 2,075 influenza viruses from October 1 March 10, 2018.
 - 100% of influenza A/H1N1 samples match the vaccine strain
 - 97.9% of influenza A/H3N2 samples match the vaccine strain
 - 43.8% of influenza B/Victoria samples match the vaccine strain
 - 100% of influenza B/Yamagata samples match the vaccine strain
- Antigenic characterization shows if the circulating strains are the same strains that were used to make the vaccine. This does not tell you how effective the vaccine is at creating an immune response. For current vaccine effectiveness rates visit https://www.cdc.gov/mmwr/volumes/67/wr/mm6706a2.htm.

Influenza-Like Illness Outbreaks - Maine, 2017-18 Influenza Season

new outbreaks: 5

Total outbreaks 2017-18 season: 122

Influenza-Like Illness Outbreaks by Facility Type - Maine, 2017-18



Outbreak Facility Type Key:

LTC - Long Term Care Facility

AC - Acute Care Facility (nosocomial)

K12 - School (K-12) or daycare

Univ - School (residential) or University

HCW - Health care workers

Inst - Other institutions (workplaces,

correctional facilities etc)

Camp - Camp

Influenza-Like Illness Outbreak by Facility Type and County – Maine, 2017-18

County	LTC	AC	K12	Univ	HCW	Inst	Camp	Total
Androscoggin	6	2	1	0	0	0	0	9
Aroostook	5	0	0	1	0	0	0	6
Cumberland	28	3	1	0	0	0	0	32
Franklin	1	0	0	0	0	0	0	1
Hancock	1	0	0	0	0	0	0	1
Kennebec	8	1	2	0	0	0	0	11
Knox	5	1	0	0	0	3	0	9
Lincoln	2	0	0	0	0	0	0	2
Oxford	4	0	1	0	0	0	0	5
Penobscot	13	0	0	0	0	1	0	14
Piscataquis	0	0	0	0	0	0	0	0
Sagadahoc	5	0	0	0	0	0	0	5
Somerset	4	0	2	0	0	0	0	6
Waldo	0	0	0	0	0	0	0	0
Washington	2	0	0	0	0	0	0	2
York	16	1	2	0	0	0	0	19
Total	100	8	9	1	0	4	0	122

Influenza Deaths

This number represents the number of individuals who had influenza specifically listed on their death certificate. This is likely an underrepresentation of the true burden as many influenza-associated deaths are due to secondary infections which is why the Pneumonia and Influenza (P&I) death information is on page 1 of this report.

• # deaths reported this week: 6

• Total influenza deaths 2017-18 season: 71

Pediatric Influenza Deaths

• No pediatric influenza-associated deaths reported in Maine during the 2017-18 influenza season

National Influenza Surveillance Data

Source: http://www.cdc.gov/flu/weekly/

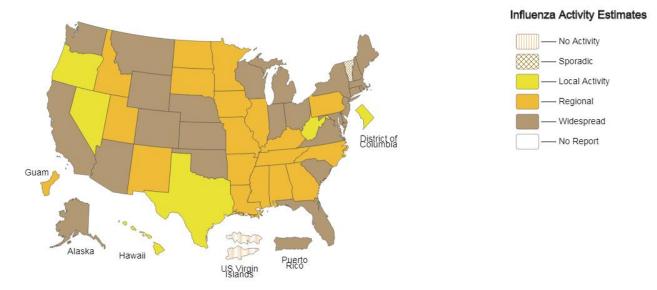




A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

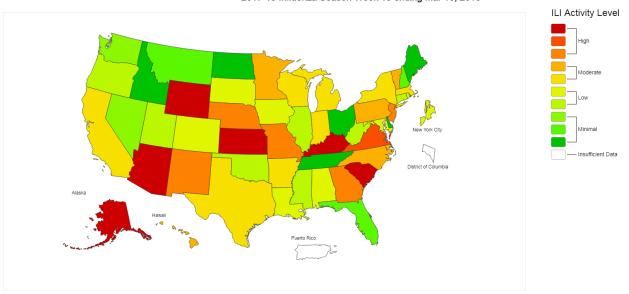
Week Ending Mar 10, 2018 - Week 10



^{*}This map indicates geographic spread and does not measure the severity of influenza activity.



2017-18 Influenza Season Week 10 ending Mar 10, 2018



This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels. "Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.

That displayed in his map are based on on data collected in ILINet, whereas the State and Territorial peledeniologists. The data presented in this map is preliminary and may change as more data is received.

Therefore, so that data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

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